

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID (Ethics Commission Filers)</b>	<b>2 Total pages filed:</b>  <div style="text-align: center; font-size: 1.2em;">12</div>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS <span style="border: 1px solid black; padding: 0 2px;">MR</span> FIRST      MI <div style="text-align: center; font-weight: bold; font-size: 1.1em;">Marvin</div>		<div style="writing-mode: vertical-rl; transform: rotate(180deg); border: 1px solid black; padding: 5px;"> RECEIVED - CSO  17 APR 27 PM 4:31 </div>
	NICKNAME      LAST      SUFFIX <div style="text-align: center; font-weight: bold; font-size: 1.1em;">Sutton</div>		
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE P. O. Box 182606    Arlington, Texas 76096		
	AREA CODE    PHONE NUMBER    EXTENSION ( 817 )    602-0644		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	MS / MRS <span style="border: 1px solid black; padding: 0 2px;">MR</span> FIRST      MI <div style="text-align: center; font-weight: bold; font-size: 1.1em;">Marvin</div>		
	NICKNAME      LAST      SUFFIX <div style="text-align: center; font-weight: bold; font-size: 1.1em;">Sutton</div>		
<b>6 CAMPAIGN TREASURER NAME</b>	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE 1909 Syracuse Court    Arlington, Texas 76002		
	AREA CODE    PHONE NUMBER    EXTENSION ( 817 )    602-0644		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	<b>9 REPORT TYPE</b>		
	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
<b>8 CAMPAIGN TREASURER PHONE</b>	<b>10 PERIOD COVERED</b>		
	Month    Day    Year      Month    Day    Year 3 / 28 / 2017      THROUGH      4 / 26 / 2017		
<b>11 ELECTION</b>	<b>12 OFFICE</b>		
	OFFICE HELD (if any)		
<b>13 OFFICE SOUGHT (if known)</b>  Arlington City Council   District 3		ELECTION DATE Month    Day    Year 5 / 6 / 2017	
		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

<b>14 C/OH NAME</b> Marvin Sutton	<b>15 Filer ID</b> (Ethics Commission Filers)
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<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 30.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,953.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 6.80
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 2,997.73
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,529.72
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**18 AFFIDAVIT**



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Marvin Sutton, this the 27th day of April, 2017, to certify which, witness my hand and seal of office.

  
 \_\_\_\_\_  
 Signature of officer administering oath

Kathryn Roberson

 \_\_\_\_\_  
 Printed name of officer administering oath

Notary

 \_\_\_\_\_  
 Title of officer administering oath

# SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19 FILER NAME

Marvin Sutton

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,923
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,810.68
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 180.25
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
6

2 FILER NAME

Marvin Sutton

3 Filer ID (Ethics Commission Filers)

4 Date

4/6/2017

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Terry Aaron

6 Contributor address;

City; State; Zip Code

6603 Ijaz Dr.

Arlington, Texas 76017

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/7/2017

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Polly Walston

Contributor address;

City; State; Zip Code

2216 Green Gatte Dr.

Arlington, Texas 76012

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/12/2017

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Wyley Seals

Contributor address;

City; State; Zip Code

9131 Post Oaks

Arlington, Texas 76002

Amount of contribution (\$)

2,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/12/2017

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jo Crouch

Contributor address;

City; State; Zip Code

2221 Villanova

Arlington, Texas 76018

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Marvin Sutton		3 Filer ID (Ethics Commission Filers)
4 Date 4/12/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rev. William McKissic Sr. 6 Contributor address; City; State; Zip Code 2409 Pleasant Circle Arlington, Texas 76015	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/13/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Syed Hassan Contributor address; City; State; Zip Code 601 Engleside Dr. Arlington, Texas 760118	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/13/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Cozad Contributor address; City; State; Zip Code 4104 Coronet Lane Arlington, Texas 76017	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/13/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Hawthorne Contributor address; City; State; Zip Code 6160 Sea Island Trail Arlington, Texas 76001	Amount of contribution (\$) 75.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Marvin Sutton

3 Filer ID (Ethics Commission Filers)

4 Date

4/13/2017

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Cheryl Smith

6 Contributor address;

City; State; Zip Code

2822 Rochester Ct

Grand Prairie, Texas 75052

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/13/2017

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Jesse Gaines

Contributor address;

City; State; Zip Code

2501 Glencrest Dr

Fort Worth, Texas 76119

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/13/2017

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Emma Allen

Contributor address;

City; State; Zip Code

4701 Foxfire Way

Fort Worth, Texas 76133

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/13/2017

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Gwinda Burns

Contributor address;

City; State; Zip Code

P. O. Box 8704

Fort Worth, Texas 76124

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Marvin Sutton		3 Filer ID (Ethics Commission Filers)
4 Date 4/14/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paula Boehme 6 Contributor address; City; State; Zip Code 2705 Park Place Court Arlington, Texas 76016	7 Amount of contribution (\$) 20.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/14/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patricia Gentry Contributor address; City; State; Zip Code 2001 Glen Creek Arlington, Texas 76015	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/15/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barbara Gair Contributor address; City; State; Zip Code P. O. Box 765022 Dallas, Texas 75376	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/17/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wendy Davis Contributor address; City; State; Zip Code 111 Sandra Muraída Way, Unit 10C Austin, Texas 78703	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule A1:
<b>2</b> FILER NAME  Marvin Sutton		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  4/22/2017	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Kyle Dubberke <b>6</b> Contributor address; City; State; Zip Code 3703 LaSalle Dr. Arlington, Texas 76016	<b>7</b> Amount of contribution (\$)  200.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date  4/25/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Stephanie Hawthorne Contributor address; City; State; Zip Code 6106 Sea Island Trail Arlington, Texas 76001	Amount of contribution (\$)  100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date  4/8/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  John Lopez Contributor address; City; State; Zip Code 2603 Florence Street Grand Prairie, Texas 75052	Amount of contribution (\$)  50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 2		<b>2</b> FILER NAME Marvin Sutton		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 4/24/017		<b>5</b> Payee name Wachelle Williams			
<b>6</b> Amount (\$)  140.00		<b>7</b> Payee address; City; State; Zip Code 5015 Stagecoach Way Grand Prairie, Texas 75052			
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule)  Other		<b>(b)</b> Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Campaign Mailer Design	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date  4/24/2017		Payee name  USPS			
Amount (\$)  450.00		Payee address; City; State; Zip Code 300 E. South St Arlington, Texas 76004			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Fee		Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Permit Imprint and Annual Bulk Mail	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date  4/25/2017		Payee name  Bankem Printing			
Amount (\$)  780.00		Payee address; City; State; Zip Code 2357 S. Collins Street Arlington, Texas 76014			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)  Printing Expense		Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  4,321- Campaign Mailers	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME Marvin Sutton		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 4/26/2017		<b>5</b> Payee name Office Depot			
<b>6</b> Amount (\$) 73.42		<b>7</b> Payee address; City; State; Zip Code 4619 S. Cooper Arlington, Texas 76017			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule) Other		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Ink Cartridge and printing paper	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 4/26/2017		Payee name USPS			
Amount (\$) 1,227.16		Payee address; City; State; Zip Code 300 E. South Arlington, Texas 76004			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Other		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Postage for Campaign Mailers	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 4/13/2017		Payee name Danielitas			
Amount (\$) 140.10		Payee address; City; State; Zip Code 100 East Pioneer Pkwy, Arlington, Texas 76010			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  Fundraising	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME Marvin Sutton	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 64.70
5 Date 3/29/2017	6 Payee name Home Depot	
7 Amount (\$) 108.19	8 Payee address; City; State; Zip Code 5280 S. Hwy 360 Grand Prairie, Texas 75052	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 11- Metal T-Post and cable tie set
11 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 4/7/2017	Payee name Home Depot	
Amount (\$) 7.36	Payee address; City; State; Zip Code 5280 S. Hw 360 Grand Prairie, Texas 75052	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Metal T-Post
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		